	PATENT	APPL	ICATIO	Application or Docket Number										
Effective December 29, 1999 9 495729														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHE! SMALL		
F	OR		NUMBER FILED NUMBER EXTRA					1	RATE	FEE	7	RATE	-	
BA	ASIC FEE							1		345.00	OR		1	EE 0.00
TOTAL CLAIMS			// minus 20			•	7	1	X\$ 9=	+	┨╙		"	0.00
INC	EPENDENT C	LAIMS	minus 3			*	1	1		╂	OR			
ML	JLTIPLE DEPE	NDENT	CLAIM PRESENT			L		1	X39≃	_	OR	X78=	Ш	
* If the difference in column 1 is less than zero, enter "0" in column 2								j	+130=		OR	+260=		
									TOTAL		OR	TOTAL	4	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
AMENDMENT A		REM AF AMEN	AIMS IAINING FTER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AE TIO	DDI- NAL EE
	Total	<u>ک</u> ·		Minus		8)_	=	\vdash	X\$ 9≃		OR	X\$18=	-	
AM	Independent	NTATIC	NI CE MA	Minus	+···	<i></i>	=	\vdash	X39=	-	OR.	X78=	-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		1	. 200	-	
								l	+130=		OR	+260=	7	
		(Coli	umn 1)		(C	olumn 2)	(Column 3)	,	ADDIT. FEE	L	OR,	ADDIT. FEE		
AMENDMENT B		CL REM AF AMEN	AIMS AINING TER IDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL
	Total Independent	• =	W_	Minus	**	2PX	=		X\$ 9=		OR	X\$18=	1	
		・ と NTATIO	N OF MI	Minus	PEND	\sim	= /		X39=		OR	X78=	1	
!	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY										OR	+260=		
							÷	A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
.,]		CL	imn 1) AIMS			olumn 2) IIGHEST	(Column 3)	_				<u> </u>		
AMENDMENT C		AF	NINING TER DMENT		PR	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL
בַּ בַּ	Total	•	•	Minus	**		=		X\$ 9= ·		OR	X\$18=		
A ME	Independent	•		Minus	***		=	 	X39=		ŀ	X78=		\dashv
	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEI	PENDI	ENT CLAIM		-	//		OR	^/0=		
. Il	the entry in colum	nn 1 is le	ss than th	e entry in colu	mn 2 ·	Write "O" in col-	ımn 3	L	+130=		OR	+260=		_
!	the "Highest Nur the "Highest Nur he "Highest Nurn	nber Prei nber Prei	viously Pa viously Pa	id For" IN THI id For" IN THI	S SPAC	CE is less than CE is less than	20, enter "20."		TOTAL DDIT. FEE d in the appr			TOTAL DDIT. FEE mn 1.		\exists

FORM PTO-875 (Rev. 12/99)

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